

TO BE COMPLETED BY THE INVESTIGATING OFFICER AT THE POLICE STATION WHERE THE ACCIDENT WAS REPORTED

DETAILS OF THE ASSURED

POLICY NUMBER	
SURNAME	
FULL NAMES	
DATE OF BIRTH	
ID NUMBER	

DETAILS OF THE LIFE ASSURED

POLICY NUMBER	
SURNAME	
FULL NAMES	
DATE OF BIRTH	
ID NUMBER	

DETAILS OF THE ACCIDENT OF THE LIFE ASSURED

1. Was the life assured involved in a motor accident? _____

a) Was the life assured a driver, passenger or pedestrian? _____

b) Was a blood alcohol test done on the life assured? _____

c) Results of the blood alcohol test? _____

2. Was the life assured involved in an assault? _____

a) Was the life assured assaulted during the course of his/her duties? _____

b) Was the life assured an innocent bystander? _____

3 has an inquest been held or will one be held? _____

a) Inquest number and reference _____

4 Have/will criminal proceedings been/be instituted? _____

a) if yes, name of person charge? _____

b) What were/are the charges? _____

c) If judgment was given, what was the verdict? _____

d) Which court?

e) Date of trial (DD/MM/YYYY) ? _____ / _____ / _____

f) Trial and reference number _____

5 Give a description of the circumstances of the accident

DECLARATION

I declare the all the foregoing statements are true and correct.

Date (DD/MM/YYYY)

Station

Tel No

Cell No

Name

Signature

Rank

Rank No

Stamp